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REPORT

drawn up on behalf of the Committee on the
Environment, Public Health and Consumer
Protection

on the problems of alcoholism in the
countries of the Community

Rapporteur: Mrs V. SQUARCIALUPI

At the European Parliament's plenary sitting of 15 February 1980 Mr HUTTON tabled a motion for a resolution (Doc. 1-326/80) on measures to tackle alcohol-related disability.

On 15 September 1980 the European Parliament referred this motion for a resolution to the Committee on the Environment, Public Health and Consumer Protection as the committee responsible and to the Committee on Social Affairs for an opinion.

In a letter dated 22 May 1981, the Committee on Social Affairs stated that it did not wish to deliver an opinion on this matter.

On 26 February 1981 the Committee on the Environment, Public Health and Consumer Protection appointed Mrs SQUARCIALUPI rapporteur.

It considered the draft report at its meetings of 14 April 1981, 27 October 1981 and 4 February 1982 and at the latter meeting adopted the draft report unanimously.

The following members took part in the vote: Mrs WEBER, vice-chairman and acting chairman, Miss HOOPER, vice-chairman, Mrs SQUARCIALUPI, rapporteur, Mr ALBER, Mr CERAVOLO (deputizing for Mr SPINELLI), Mr GHERGO, Mr JOHNSON, Mrs KROUWEL-VLAM, Mrs MAIJ-WEGGEN (deputizing for Mrs LENTZ-CORNETTE), Mr ROGERS (deputizing for Mr MUNTINGH), Mrs SCHLEICHER, Mrs SCRIVENER, Mrs SEIBEL-EMMERLING, Mrs SPAAK and Mrs van HEMELDONCK.

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The Committee on the Environment, Public Health and Consumer Protection hereby submits to the European Parliament the following motion for a resolution together with explanatory statement:

MOTION FOR A RESOLUTION

on the problems of alcoholism in the countries of the Community

The European Parliament,

- having regard to the fact that the consumption of alcoholic and strong drink has increased in the countries of the European Community;
- aware of the role which alcohol has traditionally played in the social and cultural life of many countries;
- conscious, however, of the grave concern felt in a number of countries at the increase in alcohol abuse which has accompanied the rise in consumption;
- recognizing that in many cases alcoholism has social origins in marginalization, unemployment, the breakdown of society, problems resulting from the competitive society, and the division of roles;
- whereas alcohol abuse is frequently the cause of more or less serious forms of violence, with all its consequences for family life, and of road accidents industrial accidents and poor performance and absenteeism in working life;
- having regard to the motion for a resolution tabled by Mr HUTTON on measures to tackle alcohol-related disability (Doc. 1-326/80, 18.7.1980);
- having regard to the Decision of the Council of Ministers of Health of 13.12.1977 on measures to be taken in health education;
- noting and appreciating the concern of the Commission also for this aspect of public health, which found expression in a seminar on the medical and social risks that the consumption of alcohol involves held in Luxembourg in November 1977 and in the publication of the report of a working party on the medical and social risks of the consumption of alcohol in 1979;
- aware of the fact that the production, sale and distribution of alcoholic drinks makes a major contribution to the economy of most Member States;
- taking the view, however, that the serious concern in certain countries of the Community over the excessive consumption of alcoholic drinks and over the many cases of alcoholism which have been recorded is well-founded;
- having regard to the report by the Committee on the Environment, Public Health and Consumer Protection (Doc. 1-1012/81);

1. Considers that it is essential at all levels of discussion and decision-making to make a distinction between the use and abuse of alcohol, which are dependent on a whole series of subjective biological, occupational, cultural and geographical factors;
2. Emphasizes the profound differences in the consumption of alcoholic drinks in the ten countries of the European Communities, which are attributable to different eating habits and cultural and social customs;
3. Notes that experience has shown that in most cases the various forms of prohibition, such as a reduction in the hours during which alcoholic beverages may be sold, have not produced satisfactory results;
4. Notes that the available statistics on alcohol consumption and the incidence of alcohol-related illnesses are generally characterized by inaccuracy and a lack of homogeneity;
5. Considers, therefore, that there is an urgent need for the Commission to assemble and disseminate reliable and comparable statistics on the consumption and abuse of alcohol with a view to enabling a scientific study to be made of alcohol abuse at the present time;
6. Is of the opinion, however, that preventive action, above all in schools and amongst young people, is a priority;
7. Considers in addition that approval by the Council of Ministers of the Directive against misleading and unfair advertising cannot be delayed since, as far as alcoholic drinks and spirits are concerned, such advertising has a considerable hold, above all on young people;
8. Emphasizes that, in view of the great influence of advertising on public health, control of such advertising may not be left solely to the voluntary restraint codes of producers of wine and alcoholic drinks;
9. Considers that there is an urgent need for checks on the level of alcohol in the blood of motor-vehicle drivers to be harmonized in all Member States of the European Community and for a uniform maximum level to be established for all countries;
10. Requests in addition that at Community level a maximum permissible level of alcohol in the blood should be fixed for certain categories of employees and professionals who are engaged in delicate activities dangerous for themselves and for other people;
11. Does not however consider effective the attempt to control the use and abuse of alcoholic drinks, which are already highly taxed, by the imposition of further taxation which would encourage the less well-off to consume lower quality products and those which are therefore more harmful to health;

12. Requests the Member States instead to allocate a proportion of the high revenue from trade in alcoholic drinks to combating alcohol abuse and the repercussions of alcoholism on society and health;
13. Requests the Commission in addition to encourage studies and organize research and coordinate the activities of the Member States for the purposes of:
 - (a) identifying the most cogent reasons leading to the abuse of alcohol and the circumstances in which alcoholism develops;
 - (b) taking effective preventive action against alcoholism and other forms of drug dependence;
 - (c) ascertaining how the primary symptoms of alcohol-related illnesses can be foreseen or at least diagnosed in their early stages so that preventive or therapeutic treatment can begin as soon as possible;
 - (d) ascertaining whether it is possible to establish consumption limits on the basis of age, sex and body weight above which the risk of alcohol-related illness becomes unacceptably high;
 - (e) carrying out research into the consequences of alcoholism in women and the connection between alcohol abuse during pregnancy and infant mortality, premature births and the number of abnormalities, and investigating whether alcoholism in men has an effect on heredity;
 - (f) carrying out research into the consequences of consuming tobacco, drugs and (psycho)pharmaceuticals in conjunction with alcohol;
 - (g) setting up official bodies with the specific task of preventing and treating alcohol-related illnesses in those Member States where such bodies do not already exist;
 - (h) determining the most effective educational methods for preventing alcohol abuse and the most suitable age and the most appropriate context for providing such information;
 - (i) imposing, in the interests of the consumer, the requirement that the alcohol content of all alcoholic beverages be indicated on the packaging in which they are sold;
 - (j) endeavouring to cooperate with the mass media in order to convince consumers, and especially the younger ones, of the need for moderation in their consumption of alcohol;
14. Requests the Commission, in addition, to take action as soon as possible in connection with health education including the abuse of alcoholic drinks and spirits and to make contact with international organizations (the World Health Organization, UNESCO and the Council of Europe) for the exchange of information and joint action.

15. Instructs its President to request the Commission to undertake to consider this own-initiative report from the Parliament at its meeting of members of the Commission and to make an official decision as to what legislative action to take.

EXPLANATORY STATEMENT1. The situation as regards alcoholism in Europe

1.1. A great deal of evidence and some statistical data show that the phenomenon of alcoholism in countries of the European Community has assumed worrying proportions and that therefore a supranational institution such as the European Parliament should deal with the problem of identifying the origin and causes of alcoholism and the possible remedies, above all at the preventive stage.

1.2. The interpretations of the phenomenon of alcoholism are however very contradictory, some exaggerating and others trying to minimize it. One of the cries of alarm brought to the attention of your rapporteur was that of EEC Commissioner O'Halloran, (Chairman of the Strathclyde Regional Council) who stated the following in a speech to members of the Committee on the Environment, Public Health and Consumer Protection:

'A recent study in the West of Scotland revealed that more than one man in ten had alcohol related disabilities. And half of those displayed the alcohol dependence syndrome. The figure for women was much lower, with sometimes like two per cent of the study suffering disability.

The figures only hint at the catalogue of human misery underlying them - gross intoxication, assaults, driving offences, job impairment, marital and financial problems. The cost to the community is incalculable.

And what is even more disturbing is that in a study of the backgrounds of 111 children for whom the regional council has assumed parental rights, something like 24 per cent of the mothers and 22 per cent of the fathers involved had their ability to care for their children affected by excessive alcohol consumption.

I have said that we are deeply concerned over this problem, as you are. What then are we as a regional council doing about it?

For the past 18 months we have been running courses for social workers on alcohol related problems - something that had not been done before. We have a draft policy and procedures on employing problem drinkers. And we have established seven "shop front" with alcohol related problems - two are in Glasgow and the rest spread throughout Strathclyde.

We have a monitoring group on addiction which studies a wide range of problems, including those of alcoholism.

Our strategy must be aimed at reducing alcohol consumption, first by leveling it off and then by letting it decline. This can be achieved through control of advertising, price and availability, through education and publicity. As a small step towards that we have banned advertising of alcohol on all our buses and underground trains.

Already our social work and education departments have reached agreement in principle that school curriculums should include education on the dangers of alcohol.

There is little doubt that as the pressures of modern life increase, so do alcohol related problems, but we feel that the outlook is not one of total despair. The situation can be improved, and we feel that our initiative is on the right track'.

1.3. However there are also examples of the problem being played down, such as a statistical survey published in Italy in January 1981 entitled 'The Consumption of Alcoholic Drinks in Italy' in which a well-known statistical expert, Libero Lenti, demolishes one by one, some skilfully, others spuriously, the arguments to the effect that people nowadays drink too much alcohol. In fact, he attributes the increase in the consumption of alcohol to a change in the age of the population, more precisely to the fact that the average age of the population itself is increasing, and in addition to the increased number of tourists in Italy and to concealed exports of alcoholic products. He stresses and argues, moreover, that the rise in the number of admissions to psychiatric hospitals for the treatment of mental disorders due to alcoholism (alcoholic psychosis) is in proportion to the increase in the public health structures to treat those illnesses, whereas previously there was no treatment for the effects of alcoholism. In addition the investigation reaches the conclusion that the consumption of alcohol per person has fallen (at one time only men living in country areas and wealthy people in the city drank) since at present consumption of alcoholic drinks of all types is spread over the whole population and both sexes. It should however be emphasized that the statistical survey was commissioned by the Italian Industrial Federation of Producers, Exporters and Importers of Wine, Spirits, Liqueurs, Syrups, Vinegars and the like.

2. Data on the consumption of alcoholic drinks

2.1. The data on the abuse of alcohol and the data on the consumption of alcoholic drinks overlap. Some figures relate to the increase in the consumption of pure alcohol in litres over a 20-year period and show that in the postwar period alcoholic drinks which were hitherto not generally known have become more widespread, such as wine in certain countries and beer in others. The data relating to the increase in the consumption of alcoholic drinks however overlap with those relating to the consumption per person of pure alcohol; in addition the figures for beer consumption are mixed with those relating to wine consumption. There are in fact no data in the

countries of the Community enabling the point at which the consumption of alcohol becomes abusive to be determined. The data published in the previous working document, which are not comparative and which in the majority of cases have been drawn from the data provided in the seminar on the medical and social risks of alcohol organized in Luxembourg in 1977, are reproduced in Annex I.

2.2. Placed alongside these data are those for admissions to psychiatric hospitals, deaths from cirrhosis of the liver and even a list published by the Netherlands Spirits Association, which produces international statistics each year (Annex II), and headed by Luxembourg, because its airport has a duty-free shop in which alcoholic drinks are very reasonably priced and whose sales have a considerable effect on the statistics of the tiny Grand Duchy.

3. The social aspects of alcoholism

3.1. Alcoholism has its origins in the social and environmental factors in many communities. Behind the impassioned accusation made for example by the Chairman of the Strathclyde Regional Council lies an employment level of 40% of the labour force which is due to the simultaneous crises in three production sectors in the region: the shipbuilding, iron and steel and textile industries.

3.2. At the beginning of the century alcoholism was a problem confined almost exclusively to country areas. It later spread to workers in towns. Alcoholism is now primarily an urban and industrial phenomenon, cutting across all social classes and affecting intellectuals, employees, housewives and young people. It is this kind of alcoholism which most closely resembles drug-taking.

3.3. There is indeed a clear distinction between the old type of alcoholism in country areas and the new urban type of alcoholism. The first was the alcoholism of poverty, the second is alcoholism as a neurosis. In rural society wine had festive connotations. In urban society overindulgence in alcohol represents a flight from an overcompetitive society. In the former case it had a social function. In the latter alcohol is for the most part consumed in solitude.

3.4. All psychiatric literature recognizes the increase of alcoholism in women, particularly among housewives. In Italy, alcoholism has trebled among women between 39 and 49 years old, and is the most insidious form of alcoholism in that it occurs in private and not in bars as with men. Female alcoholism does not exist in circles in which there is still a strong tradition that a woman's place is in the home. Nor does alcoholism exist where women are truly emancipated. The phenomenon does occur, however, particularly where the woman who stays at home feels frustrated or in circles where, although emancipated, she has guilt feelings of some sort.

3.5. As regards young people, alcoholism is not generally prevalent because the course of the disease is a slow one and medical symptoms only become apparent towards middle age. But alcoholism begins in youth.

3.6. Alcohol made its presence felt among the young people of Fitzgerald's 'beautiful and damned' generation, and of the existentialist tradition. Then alcohol lost its place in youth culture to drugs and coca-cola. It is now making a strong comeback among the very young as a substitute for drugs, as a way of staying off drugs, as something which they prescribe for themselves to relieve symptoms of abstention from heroin. Compared with drugs, young people do not see alcohol as a danger. Among the very young, at least in Italy, alcoholism affects young girls more than young men because of the uncertainty of their future as individuals and as women. Unlike hard drugs which cause death in a few years, alcohol abuse is a very slow form of suicide.

4. The consequences of alcohol abuse

4.1. Alcoholism is an insidious disease which cannot be traced to a single cause. There are always personality problems underlying alcoholism and these vary greatly and are difficult to identify and to treat. The main disease resulting from alcoholism is cirrhosis of the liver. Very many of those suffering from this extremely serious disease did not realise that they had been alcoholics for a large part of their lives, because they never got drunk. But those who drink steadily throughout their lives are paving the way in middle and old age for serious results such as cirrhosis of the liver and other diseases such as cardiovascular and brain diseases.

4.2. One of the more serious results of alcoholism among women and of abuse of alcohol during pregnancy is the rise in perinatal mortality and premature births. Alcoholism in the mother also restricts the growth of the newborn child both at birth and afterwards and is responsible for a series of deformities whose seriousness is directly related to the amount of alcohol consumed. Mental retardation is caused by physical changes in the structure of the brain produced by alcohol during life within the womb. This mental retardation is not only permanent but will become progressively worse in later life. The same newborn child, furthermore, can exhibit simultaneously symptoms of restricted growth, physical deformity and mental retardation giving rise to what is described as the 'alcoholic foetal syndrome'.

4.3. The effects of male alcoholism on the reproduction of the species are not yet fully clear. It seems certain that alcohol inhibits the production of sperm, causing changes in the spermatozoa. However it is not yet known how this occurs. Knowledge of the effect of alcohol in biology is still in its early stages.

4.4. Alcoholism is in many cases a cause of domestic violence of varying gravity: from murder to beatings and family quarrels. In all countries the problem of 'battered wives' (and also of battered babies) is principally a result of drunkenness in a man or at least of alcohol abuse as is clearly demonstrated by the evidence and statements of battered wives especially in the countries of Northern Europe.

4.5. According to studies commissioned by the OECD the most frequent cause of death in road accidents among young people under 40 is the influence of alcohol. In a 1979 study the OECD points out that of 100,000 deaths in road accidents, 20-50% were caused by drunkenness. Other studies reveal that the relationship between the risk of accidents and alcohol abuse is linked to age and is higher for those over 50 and for the very young who have a higher capacity for retaining a high concentration of alcohol in the blood.

4.6. In many countries checks are carried out on motor vehicle drivers to measure the level of alcohol in their blood by the use of breathlyzers where the person blows into an inflatable plastic bag through crystals which change colour according to the level of alcohol in the blood. These checks do not yet exist in Italy in spite of the high level of road accidents caused by drunkennes or inebriation. Particular attention should be drawn to the very serious accidents caused from time to time by young people on their way back from a night out. In some countries, the maximum permissible level of alcohol in the blood is being reduced from 0.8 to 0.5 and it is to be hoped that it will reach a level everywhere which provides increased safety on the roads.

The maximum permissible levels of alcohol in the blood in the countries of the European Community are as follows:

Belgium	0.8
Denmark	0.8
Federal Republic of Germany	0.3
France	0.3
Great Britain	0.3
Greece	0.5
Ireland	1.0
Luxembourg	0.3
Netherlands	0.5

5. Advertising

5.1. It has been acknowledged in several quarters that advertising has a considerable effect on the consumption of alcoholic drinks and above all of spirits, particularly on young people. In most cases advertising is not informative but misleading and unfair because it gives the impression that drinking alcohol gives people powers which alcohol on the contrary reduces, such as sexual performance or business ability.

5.2. A reference to alcohol is made by the Council of Ministers in the second programme for a consumer protection and information policy (OJ of the European Communities, No. C 133 of 3 June 1981, page 6) which was adopted on 19 May 1981 and states as follows: 'After carrying out comparative studies on measures taken or planned by Member States with regard to tobacco and alcohol, the Commission will:

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- take such other initiatives, in support of actions undertaken in Member States, which may be appropriate in the more general context of problems associated with the use or abuse of such products by consumers'.

5.3. In its turn, the European Parliament, in its resolution of 16 October 1980 (OJ No. C 291 of 10 November 1980, page 39) embodying the opinion of the European Parliament on the communication from the Commission of the European Communities to the Council concerning an action programme of the European Community with regard to consumers, stated as follows:

'Calls on the Commission, in line with its emphasis on the promotion and not merely the protection of consumer interests, to do the following:

Health and Safety

(a) introduce Community measures aimed at:

.....

- preventing the misuse of alcohol.'

5.4. As the Committee on the Environment, Public Health and Consumer Protection, we may therefore regard this decision by the Parliament as an encouragement to take steps in relation to misleading and unfair advertising. The International Federation of Wines and Spirits itself adopted in 1980 a code of advertising ethics for alcoholic drinks (Annex 3).

5.5. The Parliament might request that, just as in many countries there is a notice on cigarette packs indicating that smoking is harmful, in the same way there should be an indication on the label of alcoholic drinks and especially spirits that the abuse of alcohol is harmful, a request for moderation and an indication of the maximum quantity which should be consumed beyond which consumption becomes abuse.

6. Taxation

6.1. There are requests from many quarters for the introduction of further taxes on alcohol to discourage consumption of it. However, it seems that an increase in price, just like any other form of prohibition, has never discouraged drinkers, who in many cases in order to economize turn to lower quality drinks which are very harmful for the health and to any other type of alcoholic liquid, even certain fresh-air sprays.

6.2. All alcohol is subject to high taxation and each country tries to lay the blame on the alcoholic products of other countries.

However, it should be noted that Europe accounts for 70% of world wine production and 50% of world beer production and that the interests of producers cannot therefore be continually affected by further tax burdens.

6.3. It would on the contrary be more appropriate to request the Member States to allocate a proportion of the high revenue from trade in alcoholic beverages to combating alcohol abuse and the health and social consequences of alcoholism. It would be more appropriate to concentrate in particular on a preventive policy in relation to young people and on improved education in nutrition for the whole population.

CONSUMPTION OF ALCOHOL IN THE COUNTRIES OF THE EEC

1. In the course of the seminar on the medical and social risks arising from the consumption of alcohol organized in Luxembourg by the Commission of the European Communities in 1977, the situation relating to the consumption of alcohol in the various European countries was analysed and in particular the following increases in the consumption of pure alcohol in litres from 1952 to 1972 were reported:

- 276.47% in the Netherlands
- 182.50% in the Federal Republic of Germany
- 133.33% in Denmark
- 69.11% in Luxembourg
- 66.66% in Ireland
- 43.81% in Belgium
- 40.81% in Great Britain
- 37.37% in Italy.

The consumption in France however seems to have slightly decreased during that period.

2. The following are some detailed data relating to the various countries:

- in Belgium the consumption of alcohol rose from 7.35% litres per annum per capita in 1950 to 11 litres in 1975;
- in Denmark it has been established that 96% of the population drink alcohol and in 1977 an annual consumption of 61 litres was recorded. In addition it has been ascertained that the cause of admission to psychiatric hospitals is, in 40% of cases, due to alcoholism;
- in Germany the figure rose from 3.27 litres of pure alcohol per capita in 1950 to 12.34 litres in 1976. As for beer, the consumption of 38.1 litres per capita in 1950 rose to 151.3 litres in 1976. In 1957, moreover, 1.5 million people were found to be in danger of becoming or were already alcoholics. 20% of these were women whilst 8-10% were young people of up to 25 years of age;
- in Ireland the consumption of alcohol doubled between 1966 and 1976 and represents 13% of expenditure on consumer goods. Alcoholics are, in addition, at the top of the list of admissions to psychiatric hospitals;
- in Italy the figure has risen from 19.1 litres of alcohol per annum in 1960 to 20.7 litres in 1970. The consumption of wine has increased by 50%. The consumption of beer has quadrupled and that of spirits has tripled. Deaths from cirrhosis of the liver, which accounted for 16.28 out of 100,000 people in 1951 had risen in 1972 to 31.71 out of 100,000 people;

- in Luxembourg the consumption is approximately 10.1 litres per annum per capita and the country is eighth on the list of the total consumption of alcohol;
- in the Netherlands the consumption of spirits per person increased by 30% from 1972 to 1976, that of beer by 27% and that of wine by 45%. From 1952 to 1976 the total increase was 41.5%.
- in Great Britain an enquiry carried out at ten-year intervals in the same place showed that the number of alcoholics has increased from 3.13 to 5.6% of the population. The consumption of beer, which was 26.26 gallons per capita in 1965, had risen in 1966 to 34 gallons. The consumption of spirits also increased from 0.42 to 0.80 and that of wine from 0.68 to 1.98.

SPIRITS

Consumption of spirits per head of population in the various countries

Country	Year	Litres of pure alcohol
1. Luxembourg	1979	5.8
2. Poland	1979	5.5
3. Hungary	1979	4.50
4. East Germany (G.D.R.)	1979	± 4
5. Czechoslovakia	1979	± 3.5
6. Canada	1978/79	3.49
7. The Netherlands	1979	3.41
8. West Germany	1979	3.37
9. Soviet Union	1979	± 3.3
10. United States of America	1979	3.15
11. Sweden	1979	3.03
12. Belgium	1979	3.00
13. Spain	1979	± 3
14. Finland	1979	2.75
15. Yugoslavia	1978	± 2.6
16. France	1979	± 2.5
17. Surinam	1976	2.5 approx.
18. Iceland	1979	2.35
19. Romania	1979	± 2.3
20. New Zealand	1979	2.28
21. Ireland	1979	2.25
22. Switzerland	1979	2.00
23. Bulgaria	1978	± 2
24. Italy	1979	± 2
25. Cyprus	1979	1.9
26. England	1979	1.89
27. Norway	1979	1.81
28. Argentina	1979	1.7
29. Austria	1979	1.56
30. Denmark	1979	1.47
31. Peru	1979	1.4 approx.
32. Republic of South Africa	1979	1.19
33. Japan	1979	1.19
34. Australia	1978/79	1.1
35. Israel	1979	± 0.9
36. Portugal	1979	± 0.9
37. Cuba	1975	0.7
38. Mexico	1979	± 0.7
39. Turkey	1979	± 0.5

Compiled by the Netherlands Spirits Association which publishes international statistics each year.

Motion of the International Federation adopted as a preamble to the code of advertising ethics

The code of advertising ethics, which is a voluntary code, is adopted by the members of the International Federation:

- members shall take the necessary action to obtain from all other interested parties - occupational organizations representing the manufacture of or trade in alcoholic drinks, advertising agencies, the press, television, etc. - the adoption of such a code for all alcoholic drinks where such a code does not exist,
- the International Federation shall take all steps at Community and international level to have this code recognized.

CODE OF ADVERTISING ETHICS FOR WINES AND SPIRITS

The members of the International Federation of Wines and Spirits support the following basic general principles of advertising:

- all advertising must be truthful, honest and in accordance with the law and the rules of good conduct;
- all advertising must be devised and produced with the sense of responsibility which specialists should have for their products in relation both to consumers and to society in general;
- all advertising must comply with the rules of fair competition generally practised and accepted in business transactions.
The members of the International Federation of Wines and Spirits, recognizing and observing these principles, which apply to all advertising whatever its purpose:
- declare their attachment to the basic principle of free and fair competition which implies a direct approach to consumers through advertising enabling them to be better informed as to the products offered to them;
- declare their deep-seated belief that, when consumed wisely and in moderation, their products have a positive and beneficial effect on life in society, are generally appreciated and have always formed part of the normal and traditional way of life of consumers;
- emphasize that no real link has been shown between the advertising of alcoholic drinks and the abuse which may be made of them; declare, however, that they are seriously concerned by the harmful and excessive use made or which may be made by a minority of wines and spirits available for consumption and by the excesses which may result from this both for those concerned and for society.

As a result, the members of the International Federation of Wines and Spirits declare that they are prepared to make their advertising, no matter what form it takes or by what means, subject to a set of rules intended to ensure that:

- no advertisement for or statement relating to wines and spirits may be interpreted or regarded as an encouragement to excessive consumption of those products;
- no advertisement (or statement) may be understood as an invitation to minors or irresponsible persons to start consuming or to consume alcoholic drinks;
- no advertisement for or statement relating to wines or spirits may refer to health arguments.

As a result, they have drawn up and adopted the following voluntary rules of conduct:

1. Abuse

No advertisement for wines and spirits may be presented as an encouragement to excessive consumption.

2. Minors

No advertisement for wines and spirits may be directed at minors.

Consumers of this category may not therefore be represented in any way as actually consuming or being invited to consume these products.

3. Driving

No advertisement for wines and spirits may encourage drivers of motor vehicles to consume or show drivers actually consuming alcoholic beverages. No association may be made between the consumption of wines and spirits and the driving of motor vehicles.

However, specific warnings of the dangers to drivers of excessive drinking are permitted.

4. Health

Advertising may not draw attention to the stimulating, sedative or tranquillizing effects of wines and spirits or give the impression that they can improve physical performance.

However, reference may be made to the refreshing qualities of these drinks.

5. Social aspects

Advertising may in no case represent the consumption of wines and spirits as:

- a remedy for social problems;
- a help in overcoming psychological and social conflicts;
- an aid to individual or collective success.

6. Alcoholic strength

The exact indication of the alcoholic strength by volume of wines and spirits may not be used as an advertising point; however, it is permissible to give information on the alcoholic strength.

7. Means

The advertising of wines and spirits is legal by whatever means it is carried out, with no discrimination, provided that it complies with the provisions referred to above.

This voluntary code is adopted by the International Federation of Wines and Spirits, which requires its members to apply it.

It may if necessary be completed by a series of supplementary details or voluntary restraint provisions for each country.

MOTION FOR A RESOLUTION (Doc. 1-326/80)

tabled by Mr HUTTON, Mr SPENCER, Mr LALOR, Mrs MAIJ-WEGGEN, Mr KIRK, Mr HARRIS, Mrs MACCIOCCHI, Mr FERGUSSON, Mrs NIELSEN, Mr NEWTON DUNN and Lady ELLES

pursuant to Rule 25 of the Rules of Procedure on measures to tackle alcohol related disability.

The European Parliament,

- increasingly concerned at the growing prevalence of alcoholism in Member States, particularly among women and young people,
 - having regard to the recommendations of the Seminar on the Medico-Social risks of alcohol consumption held in Luxembourg in 1977 at which representatives of DG V (Employment and Social Affairs) were present,
 - deploring the fact that nothing has been done since then,
 - acknowledging the mass of research work already done into alcohol related disability,
 - taking into account the views of researchers that practical measures should now be introduced,
1. Calls on the Commission to bring forward as a matter of urgency proposals to:
 - a. eliminate the hazards from alcohol at work;
 - b. co-ordinate Member States' standards concerning blood alcohol concentrations in relation to dangerous driving regulations;
 - c. establish standards for the operational definition of alcohol related disability;
 - d. encourage Member States to accelerate their own research into alcohol related disabilities on a co-financial basis where appropriate;
 - e. establish a mechanism for the regular collection and publication of basic data;
 - f. collaborate fully with the work of WHO, UNESCO and other international bodies in the field of alcohol abuse.
 2. Instructs its President to forward this Resolution to the Council and the Commission.